



Report of Contributions and Expenditures For State Candidates and Officeholders (Utah Code Section 20A-11)

Name of Candidate or Officeholder		Political	Party	
Stree	et Address and Apartment Number	City	State	Zip Code
Office	re Seeking	Area Code & Phone Number	r Area Cod	e & Fax Number
		Type of Report (Check the appropriate box)		
(E C C C C C C C C C C	INTERIM REPORTS: Seven days preceding Party Convention (Required by all candidates opposed at the Seven days preceding Primary Election (Required by all state candidates)	he convention)	REPORT: nal Report (Required by all tes and officeholders as soon as e campaign accounts)	
J Γ Ι	September 15 (Required by all candidates opposed in to the seven days before a General Election (Required by all candidates) YEAR-END REPORT: January 5 of odd numbered years (Required by all candidates and officeholds)	☐ Ye	Is this report an amendmen	t?
=		Report Verification		
	affirm that this is true, accura	Print Name of Candidate or Officeholder Report of Contributions and E te and correct to the best of m of Candidate or Officeholder		
	To File this Form Mail or deliver to Utah Elections Office Utah State Capitol Complex East Office Building, Suite E325 Salt Lake City, UT 84114-2325 Fax (801) 538-1133 For More Information Contact the Elections Office (801) 538-1041 1-800-995-VOTE (8683) elections@utah.gov		For Office Use Only	

Page	of
Candidate or Office	cholder's Last Name
Date of Report	

Summary Page (Complete this page after filling out Schedule A and Schedule B)

		Column A Total this Period	Column B Year-to-Date Total	
С	ONTRIBUTIONS RECEIVED			
1	TOTAL CONTRIBUTIONS RECEIVED (See Schedule A)			
EXPENDITURES MADE				
2	TOTAL EXPENDITURES MADE (See Schedule B)			
В	ALANCE SUMMARY			
3	Balance at Beginning of Reporting Period		Refer to Line 7 on	your last report
4	Total Contributions Received (From Line 1 Column A)			
5	Subtotal (Add Lines 3and 4)			
6	Total Expenditures Made (From Line 2 Column A)			
7	Balance at Close of Reporting Period (Subtract Line 6 from Line 5)			

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1 1150	01	
Candidate or Officeholder's Last Name		
Date of Report		
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Schedule A

Itemized Contributions Received

Date Received	Name of Contributor	Complete Mailing Address	Amount of Contribution
UBTOTAL F	FOR THIS PAGE		
OTAL CON	TRIBUTIONS RECEIVED (So	um of subtotals from all Schedule A pages)	

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Schedule B

Itemized Expenditures Made

Date of Expenditure	Name of Recipient	Purpose	Amount of Expenditure
SUBTOTAL FOR THIS PAGE			
TOTAL EXPEN	NDITUTRES MADE (Sum of sub	totals from all Schedule B pages)	